

EMH Med Insights

Application

Student:

First Name _____ Last Name _____

Address:

Street _____

City _____ State _____ Zip _____

Age _____ DOB _____

email _____

Telephone Number _____

Sending Facility :

Name _____

Address:

Street _____

City _____

Contact person _____

Telephone Number _____

email _____

Need to Attach:

1. Copy of High School diploma or GED/HSED
2. Copy of current tmu nurse aide registry
3. Certify that CNA has worked 2,000 Hours in past 36 months. If more than one employer statement from each is required,
4. 4 written recommendations: 2 from charge nurses, 1 from the DON and 1 the Administrator

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